



LOUISIANA DEPARTMENT OF INSURANCE
APPLICATION FOR INDIVIDUAL INSURANCE PRODUCER,
CONSULTANT, PUBLIC OR CLAIMS ADJUSTER LICENSE

Check appropriate box for license requested.

- ☐ Resident License
☐ Non-Resident License

Identify Home State: _____
Identify Home State License #: _____

Mail Application to:
P.O. Box 94214
Baton Rouge, LA 70804-9214

Demographic Information					
① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number					
④ Last Name JR./SR. etc		⑤ First Name		⑥ Full Middle Name	
				⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ City		⑩ State	⑪ Zip Code
					⑫ Foreign Country
⑬ Home Phone Number () -		⑭ Gender (Circle One) Male Female		⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)	
Individual Applicant Email Address:					
⑯ Business Entity Name					
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip Code
					㉒ Foreign Country
㉓ Business Phone Number (include extension) () -		㉔ Business Fax Number () -		㉕ Business E-Mail Address	
				㉖ Business Web Site Address	
㉗ Applicant's Mailing Address		㉘ P.O. Box	㉙ City	㉚ State	㉛ Zip Code
					㉜ Foreign Country
㉝ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					
Agency or Business Entity Affiliations					
㉞ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)					
FEIN _____		NPN _____		Name of Agency _____	
FEIN _____		NPN _____		Name of Agency _____	
FEIN _____		NPN _____		Name of Agency _____	
Employment History					
㉟ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
		From Month	Year	To Month	Year
Name					Position Held
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
FISCAL DIVISION ONLY		AGENT LICENSING ONLY		FOR DEPARTMENT OF INSURANCE USE ONLY	
				Classification Number	
				Date Processed	
				Initials	
				License Number	
				Issue Date	

APPLICANT NAME _____

Fingerprint Requirement

③⑥ All new resident producers, adjusters, and consultants who become licensed on or after January 1, 2010 are required to be fingerprinted and a criminal background check performed as part of the license application requirements. If you are required to do so, have you been fingerprinted? Yes _____ No _____ N/A _____

Date of printing _____

License Type

③⑦ Select only ONE License type per application; however, you may select more than one line of authority per license type.

***See page 5 for information regarding application fees.

☐ **PRODUCER****Lines of Authority (exam required)**

- | | |
|--|--|
| <input type="checkbox"/> Life | <input type="checkbox"/> Surplus Lines |
| <input type="checkbox"/> Health & Accident | <input type="checkbox"/> Bail Bonds |
| <input type="checkbox"/> Property | <input type="checkbox"/> Title |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Industrial Fire |
| <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Surety |

Lines of Authority (no exam required)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Variable Life & Variable Annuities | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Limited Life, Health & Accident | <input type="checkbox"/> Travel |

☐ **CLAIMS ADJUSTER****Lines of Authority (exam required)**

- | |
|---|
| <input type="checkbox"/> Property and Casualty (includes Auto, Personal Lines and Commercial Lines) |
| <input type="checkbox"/> Auto Only |
| <input type="checkbox"/> Personal Lines Only |
| <input type="checkbox"/> Commercial Lines Only |
| <input type="checkbox"/> Crop |
| <input type="checkbox"/> Workers Compensation |

☐ **CONSULTANT****Lines of Authority (exam required)**

- | |
|---|
| <input type="checkbox"/> Life |
| <input type="checkbox"/> Health & Accident |
| <input type="checkbox"/> Property |
| <input type="checkbox"/> Casualty |
| <input type="checkbox"/> Variable Life and Variable Annuities |

☐ **PUBLIC ADJUSTER (exam required)**

No LOA

Nonresident Reciprocity

☐ **Nonresidents only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.

License Type/Line _____

APPLICANT NAME _____

Background Information

(88) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes _____ No _____

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- 1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes _____ No _____

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

N/A _____ Yes _____ No _____

N/A _____ Yes _____ No _____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

- 1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes _____ No _____

NOTE: For Questions 1a, 1b and 1c, "**Convicted**" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes _____ No _____

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes _____ No _____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes _____ No _____

If you answer yes, identify the jurisdiction(s):

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes _____ No _____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

APPLICANT NAME _____

Background Information continued

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes _____ No _____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent t you from receiving an insurance license, and
b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage ? Yes _____ No _____

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
b) are you currently subject to and in compliance with any repayment agreement? Yes _____ No _____
c) are you the subject of a child support related subpoena/warrant? Yes _____ No _____

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Applicants Certification and Attestation

69 The Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

APPLICANT NAME _____

Instructions

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Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application. All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application's being returned to the applicant.

ELECTRONIC PROCESSING

Effective 1-1-2010, nonresident applicants are required to submit applications electronically. Paper submissions are accepted if an application cannot be submitted by electronic means. Paper submissions that could have been submitted electronically may be returned unprocessed.

FINGERPRINT REQUIREMENTS

All new resident producers and adjusters who become licensed on or after January 1, 2010 are required to be fingerprinted and a criminal background check performed as part of the license application requirements. You must be electronically fingerprinted at one of PSI Louisiana sites using "live scan" technology which digitally captures and transmits the fingerprints. No appointment is necessary. A list of PSI testing locations and walk-in hours is available on PSI's website at www.psiexams.com or by calling (800) 733-9267. Fingerprinting fees are paid for at the test site.

LICENSE EXPIRATION

Regardless of the date of issue, all life, health & accident lines for producer and consultant licenses expire on the last day of your birth month every even-numbered year, all property & casualty lines for producer and consultant licenses expire on the last day of your birth month every odd-numbered year. All Public and Claims Adjuster licenses expire on the last day of your birth month every odd numbered year.

LICENSE FEES

Make checks payable to "Louisiana Department of Insurance".

Producer Fees

Life and/or Health & Accident	\$75	Limited Life, Health & Accident	\$75
Property and/or Casualty	\$75	Industrial Fire	\$75
Personal Lines	\$75	Credit	\$75
Variable Life & Variable Annuity	\$75	Title	\$75
Surplus Lines	\$250	Surety	\$75
Bail Bonds	\$75	Travel	\$75

Consultant Fees

Life and/or Health & Accident	\$75
Property and/or Casualty	\$75
Variable Life & Variable Annuity	\$75

Claims Adjuster License Fees.

The Claims Adjuster License Application fee is \$55, regardless of the number of lines requested on the application.

Public Adjuster License Fee

The Public Adjuster License Application Fee is \$55.

Please note: License application fees are nonrefundable and nontransferable.

Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.